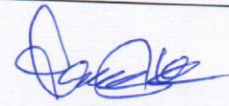


ANNEXURE - "F"

**Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center**

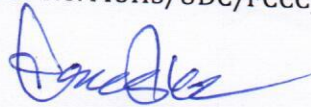
Sr. No.	Particular	-	Information to be filled
1.	Name of Faculty/Teacher	:	Dr. Sadanand M. Karandikar
2.	Date of Birth	:	04/01/1959
3.	Address	:	9, Neelkanth , Lane 9A, Prabhat Road, Erandwane, Pune : 04
4.	Tel. No./ Mob. No.	:	9890281962
5.	e-mail id	:	Skaran44@gmail.com
6.	Nationality	:	Indian
7.	Qualification in details : (attached document proof)	:	MD Medicine & Fellowship in Oncology
8.	Teaching experience/Medical: Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	37 years
9.	Present Appointment	:	Senior Consultant
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	35 yrs
12.	Any other relevant information	:	-

Date : 20.05.2022



Dr. S.M. Karandikar
Signature of Mentor

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019



DR. S.M. KARANDIKAR
HEAD OF THE DEPARTMENT

Date : 20.05.2022



DR. D.N. BHALERAO
DIRECTOR ACADEMICS (ADMIN)

DR. D. N. BHALERAO
MBBS, DHM, PGDLMS, ACCR, BCC
DIRECTOR - ACADEMICS (ADMIN)
DIRECTOR - RESEARCH

